

Fill in this information to identify your case:

Debtor 1 **Brent T. Walko**  
First Name Middle Name Last Name

Debtor 2 **Angela R. Walko**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1-18-02819-HWV**  
(if known)

☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

	Your assets Value of what you own
1. <b>Schedule A/B: Property</b> (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>81,000.00</b>
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>46,781.34</b>
1c. Copy line 63, Total of all property on Schedule A/B.....	\$ <b>127,781.34</b>

#### Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <b>138,232.79</b>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <b>289.17</b>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <b>70,444.09</b>
<b>Your total liabilities</b>	\$ <b>208,966.05</b>

#### Part 3: Summarize Your Income and Expenses

4. <b>Schedule I: Your Income</b> (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <b>2,639.14</b>
5. <b>Schedule J: Your Expenses</b> (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <b>4,130.00</b>

#### Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if known) **1-18-02819-HWV**

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **2,641.15**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
<b>From Part 4 on <i>Schedule E/F</i>, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ <b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>289.17</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>0.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <b>0.00</b>
9g. <b>Total.</b> Add lines 9a through 9f.	\$ <b>289.17</b>

Fill in this information to identify your case and this filing:

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United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1-18-02819-HWV**

☐ Check if this is an amended filing

## Official Form 106A/B Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

**636 South Catherine Street**

Street address, if available, or other description

**Middletown PA 17057-0000**

City State ZIP Code

**Dauphin**

County

What is the property? Check all that apply

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

**\$81,000.00**

Current value of the portion you own?

**\$81,000.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

Valued by Market Analysis dated 07/18/2018.

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

**\$81,000.00**

### Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if known) **1-18-02819-HWV**

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

☐ No  
☒ Yes

3.1 Make: **Ford**  
Model: **Taurus**  
Year: **2009**  
Approximate mileage: \_\_\_\_\_  
Other information:  
**Valued by KBB dated 07/18/2018.**

Who has an interest in the property? Check one

☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
  
☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<u>\$4,600.00</u>	<u>\$4,600.00</u>

3.2 Make: **Harley**  
Model: **1200 Sportster**  
Year: **2001**  
Approximate mileage: \_\_\_\_\_  
Other information:

Who has an interest in the property? Check one

☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
  
☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<u>\$3,000.00</u>	<u>\$3,000.00</u>

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**  
*Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*

☐ No  
☒ Yes

4.1 Make: \_\_\_\_\_  
Model: **Canoe**  
Year: \_\_\_\_\_  
Other information:

Who has an interest in the property? Check one

☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<u>\$500.00</u>	<u>\$500.00</u>

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$8,100.00

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

*Examples: Major appliances, furniture, linens, china, kitchenware*

☐ No  
☒ Yes. Describe.....

**Average Household Goods and Furnishings (see attached list)**

\$2,895.00

**7. Electronics**

*Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games*

☒ No

# HOUSEHOLD GOODS AND FURNISHINGS

Name: WALDO

\*The estimated value is to be "replacement" value of the item in its present condition and given its age. This is not to be estimated cost to replace with similar new item. This is only a guide. You may also simply prepare a listing without trying to make items fit into this guide. Likewise, if items are not included in this guide, please continue on another sheet.

Room/Description	Estimated Value*
<b>Living Room</b>	
Carpets/Rugs	\$ N/A
Sofas, Chairs	\$ 200
Tables	\$ 100
Lamps	\$ N/A
Pictures/Mirrors/Art/Décor	\$ 10
Other furniture (list):	\$ —
TVs, Stereos, Electronics	\$ 200
Computer, Printer, Accessories	\$ —
Other:	\$ —
Other:	\$ —
Total Living Room	\$ 510
<b>Kitchen</b>	
Appliances	\$ 300
Small Appliances	\$ 50
Table, Chairs	\$ 50
Cookware	\$ 0
Dishes, Utensils	\$ 0
Other:	\$ —
Total Kitchen	\$ 400
<b>Dining Room</b>	
Carpets/Rugs	\$ N/A
Table, Chairs	\$ N/A
Buffet, Sideboard	\$ N/A
China, Glassware	\$ N/A
Silver or Flatware	\$ N/A
Pictures/Mirrors	\$ N/A
Other:	\$ —
Total Dining Room	\$ 0
<b>Bedrooms</b>	
Carpets/Rugs	\$ 0
Beds	\$ 50

Bedding	\$ 50	
Bureaus, Dressers	\$ 100	
Pictures/Mirrors	\$ 0	
Desk, Chairs, Tables	\$ N/A	
TVs, Stereos	\$ 200	
Computer	\$ N/A	
Other:	\$	
Other:	\$	
Total Bedrooms	\$ 400	
<b>Family Room/Den</b>		
Sofas, Chairs	\$ 0	
Tables, Chairs	\$ 0	
Pictures/Mirrors	\$ 25	
TVs, Stereos	\$ 0	
Computer/Printers	\$ 200	
Games/Instruments	\$ 100	
Other (list)	\$ —	
Other (list)	\$ —	
Total Family Room/Den	\$ 325	
<b>Garage, Car Port, Shed, Basement, Storage</b>		
Tools	\$ 200	
Lawn Mower	\$ 200	
Grill	\$ 20	
Lawn Furniture	\$ 100	
Hobby/Sport Equipment	\$ 200	
Bikes/Tots	\$ 300	
Washer/Dryer	\$ 150	
Decorations	\$ 10	
Garden Items	\$ 20	
Freezer	\$ 50	
Other:	\$ —	
Other:	\$ —	
Other:	\$ —	
Other:	\$ —	
Total Garage, Car Port, Shed, Basement, Storage	\$ 1260.00	
<b>Any other "Household" goods</b>		
✓		
✓		
✓		
Total other "Household" goods	\$ 0	

**TOTAL ESTIMATED VALUE:** \$ 2,895.00

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Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if known) **1-18-02819-HWV**

☐ Yes. Describe.....

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

☐ No

☒ Yes. Describe.....

**45 Pistol, Rifle, 308 Savage**

**\$600.00**

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

**Used Clothing**

**\$200.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

**Diamond Ring, Wedding Bands, and Costume Jewelry**

**\$700.00**

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

**\$4,395.00**

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No

☐ Yes.....

Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if known) **1-18-02819-HWV**

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. **Checking #3038** **FNB** **\$824.65**

17.2. **Business Checking # 0667** **FNB** **\$2,375.02**

17.3. **Checking #618** **Member 1st Federal Credit Union** **\$5,842.05**

17.4. **Savings #618** **Members 1st Federal Credit Union** **\$416.62**

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☐ No

☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**Lawn Like No Other (All assets listed separately)** **100** % **\$0.00**

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately.

Type of account:

Institution name:

**401(k)** **With Former Employer (less than \$1,000)** **Unknown**

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes.....

Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if known) **1-18-02819-HWV**

☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No  
☐ Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No  
☐ Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No  
☐ Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

**28. Tax refunds owed to you**

☐ No  
☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**Anticipated 2017 Tax Refund**

**Federal**

**\$8,393.00**

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No  
☐ Yes. Give specific information.....

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No  
☐ Yes. Give specific information..

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No  
☐ Yes. Name the insurance company of each policy and list its value.  
Company name:

Beneficiary:

Surrender or refund  
value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No  
☐ Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

☐ No  
☒ Yes. Describe each claim.....

**Anticipated insurance claim related to vehicle accident  
02/2018**

**\$12,300.00**



Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if known) **1-18-02819-HWV**

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- ☒ No  
☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

- ☒ No  
☐ Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$30,151.34**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

- ☐ No. Go to Part 6.  
☒ Yes. Go to line 38.

**Current value of the  
portion you own?  
Do not deduct secured  
claims or exemptions.**

**38. Accounts receivable or commissions you already earned**

- ☒ No  
☐ Yes. Describe.....

**39. Office equipment, furnishings, and supplies**

*Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices*

- ☒ No  
☐ Yes. Describe.....

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

- ☐ No  
☒ Yes. Describe.....

**Lawn Care Equipment (See attached list)**

**\$1,335.00**

**41. Inventory**

- ☒ No  
☐ Yes. Describe.....

**42. Interests in partnerships or joint ventures**

- ☒ No  
☐ Yes. Give specific information about them.....  
Name of entity:

% of ownership:

**43. Customer lists, mailing lists, or other compilations**

- ☒ No.  
☐ Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?  
☒ No  
☐ Yes. Describe.....

- LEAF BLOWER- \$50
- WEED WHACKER- \$75
- WALK BEHIND XMARK- \$200
- HONDA PUSHMOWER- \$50
- BUSH TRIMMER-\$75
- SHOVELS/RAKES/PICKS- \$45  
(3 flat shovels, 2 spade shovels, 1 hard rake, 2 soft rakes,  
1 pick- about \$5 each)
- WHEEL BARROW- \$40
- SPRAYER- \$25
- SNOW BLOWERS- \$175.00  
(2 push- \$50 each, 1 walk behind- \$75.00)
- TAILGATE SALT SPREADER- \$ 200.00
- IN BED SALT SPREADER- \$400.00

Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if known) **1-18-02819-HWV**

**44. Any business-related property you did not already list**

- ☐ No  
☒ Yes. Give specific information.....

**Trailer - 7'x18'**

**\$800.00**

**Trailer - 8'x22'**

**\$2,000.00**

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....**

**\$4,135.00**

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

*Examples: Season tickets, country club membership*

- ☒ No  
☐ Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

**\$0.00**

**Part 8: List the Totals of Each Part of this Form**

<b>55. Part 1: Total real estate, line 2 .....</b>		<b>\$81,000.00</b>
<b>56. Part 2: Total vehicles, line 5</b>	<b>\$8,100.00</b>	
<b>57. Part 3: Total personal and household items, line 15</b>	<b>\$4,395.00</b>	
<b>58. Part 4: Total financial assets, line 36</b>	<b>\$30,151.34</b>	
<b>59. Part 5: Total business-related property, line 45</b>	<b>\$4,135.00</b>	
<b>60. Part 6: Total farm- and fishing-related property, line 52</b>	<b>\$0.00</b>	
<b>61. Part 7: Total other property not listed, line 54</b>	<b>+</b> <b>\$0.00</b>	
<b>62. Total personal property. Add lines 56 through 61...</b>	<b>\$46,781.34</b>	Copy personal property total <b>\$46,781.34</b>
<b>63. Total of all property on Schedule A/B. Add line 55 + line 62</b>		<b>\$127,781.34</b>

Fill in this information to identify your case:

Debtor 1	<b>Brent T. Walko</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Angela R. Walko</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>MIDDLE DISTRICT OF PENNSYLVANIA</b>		
Case number	<b>1-18-02819-HWV</b>		
(if known)			

☐ Check if this is an amended filing

Official Form 106C

**Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>2009 Ford Taurus</b> Valued by KBB dated 07/18/2018. Line from <i>Schedule A/B</i> : 3.1	<b>\$4,600.00</b>	<input checked="" type="checkbox"/> <b>\$2,300.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
<b>2009 Ford Taurus</b> Valued by KBB dated 07/18/2018. Line from <i>Schedule A/B</i> : 3.1	<b>\$4,600.00</b>	<input checked="" type="checkbox"/> <b>\$2,300.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
<b>2001 Harley 1200 Sportster</b> Line from <i>Schedule A/B</i> : 3.2	<b>\$3,000.00</b>	<input checked="" type="checkbox"/> <b>\$3,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
<b>Canoe</b> Line from <i>Schedule A/B</i> : 4.1	<b>\$500.00</b>	<input checked="" type="checkbox"/> <b>\$500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
<b>Average Household Goods and Furnishings (see attached list)</b> Line from <i>Schedule A/B</i> : 6.1	<b>\$2,895.00</b>	<input checked="" type="checkbox"/> <b>\$2,895.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if known) **1-18-02819-HWV**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>45 Pistol, Rifle, 308 Savage</b> Line from Schedule A/B: 10.1	<u>\$600.00</u>	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
<b>Used Clothing</b> Line from Schedule A/B: 11.1	<u>\$200.00</u>	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
<b>Diamond Ring, Wedding Bands, and Costume Jewlery</b> Line from Schedule A/B: 12.1	<u>\$700.00</u>	<input checked="" type="checkbox"/> \$700.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
<b>Checking #3038: FNB</b> Line from Schedule A/B: 17.1	<u>\$824.65</u>	<input checked="" type="checkbox"/> \$824.65 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
<b>Business Checking # 0667: FNB</b> Line from Schedule A/B: 17.2	<u>\$2,375.02</u>	<input checked="" type="checkbox"/> \$2,375.02 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
<b>Checking #618: Member 1st Federal Credit Union</b> Line from Schedule A/B: 17.3	<u>\$5,842.05</u>	<input checked="" type="checkbox"/> \$5,842.05 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
<b>Savings #618: Members 1st Federal Credit Union</b> Line from Schedule A/B: 17.4	<u>\$416.62</u>	<input checked="" type="checkbox"/> \$416.62 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
<b>401(k): With Former Employer (less than \$1,000)</b> Line from Schedule A/B: 21.1	<u>Unknown</u>	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(12)
<b>Federal: Anticipated 2017 Tax Refund</b> Line from Schedule A/B: 28.1	<u>\$8,393.00</u>	<input checked="" type="checkbox"/> \$8,393.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
<b>Anticipated insurance claim related to vehicle accident 02/2018</b> Line from Schedule A/B: 33.1	<u>\$12,300.00</u>	<input checked="" type="checkbox"/> \$436.83 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
<b>Lawn Care Equipment (See attached list)</b> Line from Schedule A/B: 40.1	<u>\$1,335.00</u>	<input checked="" type="checkbox"/> \$1,335.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(6)

Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if known) **1-18-02819-HWV**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Trailer - 7'x18'</b> Line from Schedule A/B: <b>44.1</b>	<b>\$800.00</b>	<input checked="" type="checkbox"/> <b>\$800.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(6)</b>
<b>Trailer - 8'x22'</b> Line from Schedule A/B: <b>44.2</b>	<b>\$2,000.00</b>	<input checked="" type="checkbox"/> <b>\$240.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(6)</b>

3. **Are you claiming a homestead exemption of more than \$160,375?**  
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Fill in this information to identify your case:

Debtor 1 **Brent T. Walko**  
 First Name Middle Name Last Name

Debtor 2 **Angela R. Walko**  
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1-18-02819-HWV**  
 (if known)

☐ Check if this is an amended filing

Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
<b>2.1 Middletown Area School District</b> Creditor's Name  <b>55 W. Water Street</b> <b>Middletown, PA 17057</b> Number, Street, City, State & Zip Code	Describe the property that secures the claim: <b>636 South Catherine Street</b> <b>Middletown, PA 17057 Dauphin</b> <b>County</b> <b>Valued by Market Analysis dated</b> <b>07/18/2018.</b> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>Tax Lien</b>	<b>\$1,035.76</b>	<b>\$81,000.00</b>
			<b>\$0.00</b>
Date debt was incurred <b>12/2013</b> Last 4 digits of account number <b>6213</b>			

<b>2.2 Nationstar</b> Creditor's Name  <b>350 Highland Drive</b> <b>Houston, TX 77067</b> Number, Street, City, State & Zip Code	Describe the property that secures the claim: <b>636 South Catherine Street</b> <b>Middletown, PA 17057 Dauphin</b> <b>County</b> <b>Valued by Market Analysis dated</b> <b>07/18/2018.</b> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)	<b>\$136,197.03</b>	<b>\$81,000.00</b>	<b>\$56,232.79</b>
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Debtor 1 **Brent T. Walko**  
First Name Middle Name Last Name  
Debtor 2 **Angela R. Walko**  
First Name Middle Name Last Name

Case number (if know) **1-18-02819-HWV**

☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit  
☐ Check if this claim relates to a community debt ☒ Other (including a right to offset) **First Mortgage**

Date debt was incurred **09/28/2017** Last 4 digits of account number **4144**

**2.3 Woodlawn Auto Group** Describe the property that secures the claim: **\$1,000.00** **\$4,600.00** **\$0.00**  
Creditor's Name

**7560 Allentwon Blvd  
Harrisburg, PA 17112**

Number, Street, City, State & Zip Code

**2009 Ford Taurus  
Valued by KBB dated 07/18/2018.**

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)

Who owes the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$138,232.79**

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

**\$138,232.79**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐

Name, Number, Street, City, State & Zip Code

**Manley Deas Kochalski LLC**

**P.O. Box 165028**

**Columbus, OH 43216-5028**

On which line in Part 1 did you enter the creditor? **2.2**

Last 4 digits of account number **7139**

☐

Name, Number, Street, City, State & Zip Code

**Phelan Hallinan, LLP**

**1617 John F. Kennedy Blvd**

**Suite 1400**

**Philadelphia, PA 19103**

On which line in Part 1 did you enter the creditor? **2.2**

Last 4 digits of account number



Fill in this information to identify your case:

Debtor 1 **Brent T. Walko**  
 First Name Middle Name Last Name

Debtor 2 **Angela R. Walko**  
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1-18-02819-HWV**  
 (if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 PA Department of Revenue Priority Creditor's Name Bankruptcy Division PO Box 280946 Harrisburg, PA 17128-0946 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$289.17	\$0.00	\$289.17

When was the debt incurred?

As of the date you file, the claim is: Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Type of PRIORITY unsecured claim:  
☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if know)

**1-18-02819-HWV**

4.1

**AAA Central Penn**

Nonpriority Creditor's Name

**PO Box 2361**

**Harrisburg, PA 17105**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$49.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection for Membership fee**

4.2

**Account Recovery**

Nonpriority Creditor's Name

**645 Penn Street**

**4th Floor**

**Reading, PA 19601**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$469.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

4.3

**Bureau of Account Management**

Nonpriority Creditor's Name

**3607 Rosemont Avenue, Suite 502**

**PO Box 8875**

**Camp Hill, PA 17001-8875**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$2,859.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if know) **1-18-02819-HWV**

4.4

**Commercial Acceptance**

Nonpriority Creditor's Name

**PO Box 3268**

**Camp Hill, PA 17011**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$642.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

4.5

**Convergent Outsourcing, Inc.**

Nonpriority Creditor's Name

**500 SW 7th Street**

**Renton, WA 98055**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$518.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections for Comcast Cable**

4.6

**Credit Collection**

Nonpriority Creditor's Name

**PO Box 9134**

**Needham Heights, MA 02494**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$77.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if know) **1-18-02819-HWV**

4.7 **Elijah Einzig c/o Valerie Packard**

Nonpriority Creditor's Name

**521 Shippen Street**

**Apt. B**

**Middletown, PA 17057**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$50,000.00**

When was the debt incurred?

**02/13/2018**

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Pending Personal Injury Action**

4.8 **First Premier Bank**

Nonpriority Creditor's Name

**3820 N Louise Avenue**

**Sioux Falls, SD 57104**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$388.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**

4.9 **LVNV Funding**

Nonpriority Creditor's Name

**PO Box 10584**

**Greenville, SC 29603**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$1,170.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection**

Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if know) **1-18-02819-HWV**

4.1  
0

**MSHMC Physicians Group Billing Svcs**

Nonpriority Creditor's Name

**PO Box 854**

**Hershey, PA 17033-0854**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$1,076.34**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

4.1  
1

**National Recovery Agency**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**Po Box 67015**

**Harrisburg, PA 17106**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **2268**

**\$947.00**

When was the debt incurred? **Opened 12/16 Last Active 06/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Penn State Hershey**

4.1  
2

**National Recovery Agency**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**Po Box 67015**

**Harrisburg, PA 17106**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5409**

**\$291.00**

When was the debt incurred? **Opened 12/16 Last Active 06/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Mshmc Physicians Group**

Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if know) **1-18-02819-HWV**

4.1  
3

**National Recovery Agency**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**Po Box 67015**

**Harrisburg, PA 17106**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8418**

**\$234.00**

When was the debt incurred? **Opened 02/16 Last Active 09/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Penn State Hershey**

4.1  
4

**National Recovery Agency**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**Po Box 67015**

**Harrisburg, PA 17106**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8410**

**\$209.00**

When was the debt incurred? **Opened 02/16 Last Active 09/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Mshmc Physicians Group**

4.1  
5

**National Recovery Agency**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**Po Box 67015**

**Harrisburg, PA 17106**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5407**

**\$208.00**

When was the debt incurred? **Opened 12/16 Last Active 06/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Mshmc Physicians Group**

Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if know) **1-18-02819-HWV**

4.1  
6

**National Recovery Agency**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**Po Box 67015**

**Harrisburg, PA 17106**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5399**

**\$168.00**

When was the debt incurred? **Opened 09/16 Last Active 05/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Mshmc Physicians Group**

4.1  
7

**National Recovery Agency**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**Po Box 67015**

**Harrisburg, PA 17106**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8071**

**\$136.00**

When was the debt incurred? **Opened 10/16 Last Active 05/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Mshmc Physicians Group**

4.1  
8

**National Recovery Agency**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**Po Box 67015**

**Harrisburg, PA 17106**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4063**

**\$136.00**

When was the debt incurred? **Opened 12/16 Last Active 06/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Mshmc Physicians Group**

Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if know) **1-18-02819-HWV**

4.1  
9

**National Recovery Agency**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**Po Box 67015**

**Harrisburg, PA 17106**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8414**

**\$136.00**

When was the debt incurred? **Opened 06/16 Last Active 02/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Mshmc Physicians Group**

4.2  
0

**National Recovery Agency**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**Po Box 67015**

**Harrisburg, PA 17106**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0096**

**\$95.00**

When was the debt incurred? **Opened 11/16 Last Active 06/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Penn State Hershey**

4.2  
1

**National Recovery Agency**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**Po Box 67015**

**Harrisburg, PA 17106**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0093**

**\$95.00**

When was the debt incurred? **Opened 11/16 Last Active 05/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Penn State Hershey**



Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if know) **1-18-02819-HWV**

4.2  
2

**National Recovery Agency**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
Po Box 67015  
Harrisburg, PA 17106**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number **8422**

**\$95.00**

When was the debt incurred? **Opened 06/16 Last Active 02/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collection Attorney Penn State Hershey**

4.2  
3

**National Recovery Agency**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
Po Box 67015  
Harrisburg, PA 17106**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number **8419**

**\$95.00**

When was the debt incurred? **Opened 01/16 Last Active 09/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collection Attorney Penn State Hershey**

4.2  
4

**National Recovery Agency**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
Po Box 67015  
Harrisburg, PA 17106**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number **5403**

**\$92.00**

When was the debt incurred? **Opened 09/16 Last Active 05/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collection Attorney Penn State Hershey**

Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if know) **1-18-02819-HWV**

4.2  
5

**National Recovery Agency**

Nonpriority Creditor's Name  
**PO Box 67015**  
**Harrisburg, PA 17106-7015**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **\$2,881.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical**

4.2  
6

**Pamela L. Miller**

Nonpriority Creditor's Name  
**Tax Collector**  
**PO Box 216**  
**Middletown, PA 17057**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **\$22.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Occupation Tax**

4.2  
7

**Penn Credit Corp**

Nonpriority Creditor's Name  
**916 South 14th Street**  
**Harrisburg, PA 17104**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **\$317.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Collection for PPL Electric**

Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if know) **1-18-02819-HWV**

4.2  
8

**PSECU**

Nonpriority Creditor's Name  
**PO Box 67013**  
**Harrisburg, PA 17106-7013**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0201**

**\$6,574.00**

When was the debt incurred? **05/21/2007**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**

4.2  
9

**Receivables Management Systems**

Nonpriority Creditor's Name

**PO Box 8630**  
**Richmond, VA 23226**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$140.58**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

4.3  
0

**Riverside Anesthesia**

Nonpriority Creditor's Name

**1 Rutherford Road**  
**Suite 101**  
**Harrisburg, PA 17109-4540**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$290.00**

When was the debt incurred? **03/25/2011**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if know) **1-18-02819-HWV**

4.3  
1

**Youngs Medical Equipment**

Last 4 digits of account number

**\$34.17**

Nonpriority Creditor's Name

**6345 Flank Drive**

**Suite 1400**

**Harrisburg, PA 17112**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

**12/20/2011**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Comcast Cable**

**1555 Suzy Street**

**Lebanon, PA 17046**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Richard A. Sadlock, Esquire**

**Freeburn & Hamilton PC**

**2040 Linglestown Road, Suite 300**

**Harrisburg, PA 17110**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a. \$	<b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b. \$	<b>289.17</b>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$	<b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$	<b>0.00</b>
	6e. Total Priority. Add lines 6a through 6d.	6e. \$	<b>289.17</b>
Total claims from Part 2	6f. Student loans	6f. \$	<b>0.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$	<b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$	<b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$	<b>70,444.09</b>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$	<b>70,444.09</b>

Fill in this information to identify your case:

Debtor 1 **Brent T. Walko**  
First Name Middle Name Last Name

Debtor 2 **Angela R. Walko**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1-18-02819-HWV**  
(if known)

☐ Check if this is an amended filing

Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?  
☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Name  Number Street  City State ZIP Code	
2.2	Name  Number Street  City State ZIP Code	
2.3	Name  Number Street  City State ZIP Code	
2.4	Name  Number Street  City State ZIP Code	
2.5	Name  Number Street  City State ZIP Code	

Fill in this information to identify your case:

Debtor 1 **Brent T. Walko**  
 First Name Middle Name Last Name

Debtor 2 **Angela R. Walko**  
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1-18-02819-HWV**  
 (if known)

☐ Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No  
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor  
 Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt  
 Check all schedules that apply:

☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

3.1  
 Name \_\_\_\_\_  
 Number Street City State ZIP Code

3.2  
 Name \_\_\_\_\_  
 Number Street City State ZIP Code

☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 Brent T. Walko

Debtor 2 Angela R. Walko  
(Spouse, if filing)

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number 1-18-02819-HWV  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
	Occupation		
Include part-time, seasonal, or self-employed work.	Employer's name	<u>FedEx Ground Pkg System Inc</u>	<u>Discovery Kids Childcare Center</u>
Occupation may include student or homemaker, if it applies.	Employer's address	<u>Payroll Services 30 FedEx Pkwy, 2nd Fl Horiz Collierville, TN 38017</u>	<u>1963 Oberlin Road Harrisburg, PA 17111</u>
How long employed there?			

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>587.80</u>	\$ <u>1,779.57</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>587.80</u>	\$ <u>1,779.57</u>

Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if known) **1-18-02819-HWV**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here		
4.	\$ <b>587.80</b>	\$ <b>1,779.57</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>96.28</b>	\$ <b>275.98</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>0.00</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>0.00</b>
5e. Insurance	5e. \$ <b>0.00</b>	\$ <b>0.00</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. Other deductions. Specify: <b>Childcare</b>	5h. \$ <b>0.00</b>	\$ <b>329.16</b>
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>96.28</b>	\$ <b>605.14</b>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <b>491.52</b>	\$ <b>1,174.43</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>273.78</b>	\$ <b>0.00</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>0.00</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>0.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ <b>0.00</b>	\$ <b>0.00</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
8h. Other monthly income. Specify: <b>1/12 Federal Tax Refund (2017)</b>	8h. \$ <b>699.41</b>	\$ <b>0.00</b>
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>973.19</b>	\$ <b>0.00</b>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>1,464.71</b>	\$ <b>1,174.43</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$	<b>0.00</b>
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$	<b>2,639.14</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: <b>Business income is estimated based on 2018 ytd and is expected to increase over the summer/fall months.</b>		



Discovery Kids Childcare Center  
1963 Oberlin Road  
Harrisburg, PA 17111

ANGELA WALKO  
636 South Catherine St.  
Middletown, PA 17057

Direct Deposit

<b>Employee Pay Stub</b>		Check number: DD5676		Pay Period: 04/15/2018 - 04/28/2018		Pay Date: 05/07/2018	
<b>Employee</b>		<b>SSN</b>		<b>Status (Fed/State)</b>		<b>Allowances/Extra</b>	
ANGELA WALKO, 636 South Catherine St., Middletown, PA 17057		***-**-1320		Married/Withhold		Fed-1/0/PA-0/0	
<b>Earnings and Hours</b>		<b>Qty</b>	<b>Rate</b>	<b>Current</b>	<b>YTD Amount</b>	<b>Direct Deposit</b>	
Hourly		51.90	11.60	602.04	7,018.05	Checking - *****3038	
Hourly Sick		16.00	11.60	185.60	274.40		
Hourly Vacation					111.00	<b>Paid Time Off</b>	
Birthday Pay					88.80	<b>Earned</b>	<b>YTD Used</b>
Merit					600.00	Sick	9.58
						Vacation	70.00
		67.90		787.64	8,092.25		
<b>Taxes</b>				<b>Current</b>	<b>YTD Amount</b>	<b>Memo</b>	
Local - EIT				-13.78	-141.61	Direct Deposit	
Local - LST				-2.00	-18.00		
Medicare Employee Addl Tax				0.00	0.00		
Federal Withholding				-18.00	-217.00		
Social Security Employee				-48.83	-501.72		
Medicare Employee				-11.42	-117.34		
PA - Withholding				-24.18	-248.45		
PA - Unemployment				-0.48	-4.86		
				-118.69	-1,248.98		
<b>Adjustments to Net Pay</b>				<b>Current</b>	<b>YTD Amount</b>		
Childcare				-195.00	-1,435.00		
Wage Garnishment				-49.00	-441.00		
				-244.00	-1,876.00		
<b>Net Pay</b>				<b>424.95</b>	<b>4,967.27</b>		

Discovery Kids Childcare Center  
1963 Oberlin Road  
Harrisburg, PA 17111

ANGELA WALKO  
636 South Catherine St.  
Middletown, PA 17057

Direct Deposit

Employee Pay Stub		Check number: DD5731		Pay Period: 04/29/2018 - 05/12/2018		Pay Date: 05/21/2018	
Employee				SSN	Status (Fed/State)	Allowances/Extra	
ANGELA WALKO, 636 South Catherine St., Middletown, PA 17057				***-**-1320	Married/Withhold	Fed-1/0/PA-0/0	
Earnings and Hours		Qty	Rate	Current	YTD Amount	Direct Deposit	
Hourly		79.70	11.60	924.52	7,942.57	Checking - *****3038	
Hourly Sick					274.40		
Hourly Vacation					111.00		
Birthday Pay					88.80		
Merit					600.00		
		79.70		924.52	9,016.77		
Taxes				Current	YTD Amount	Paid Time Off	
Local - EIT				-16.18	-157.79	Earned	YTD Used
Local - LST				-2.00	-20.00		Available
Medicare Employee Addl Tax				0.00	0.00	Sick	
Federal Withholding				-32.00	-249.00	Vacation	
Social Security Employee				-57.32	-559.04		
Medicare Employee				-13.40	-130.74		
PA - Withholding				-28.38	-276.83		
PA - Unemployment				-0.55	-5.41		
				-149.83	-1,398.81	Memo	
Adjustments to Net Pay				Current	YTD Amount	Direct Deposit	
Childcare				-195.00	-1,630.00		
Wage Garnishment				-49.00	-490.00		
				-244.00	-2,120.00		
Net Pay				530.69	5,497.96		

Discovery Kids Childcare Center  
 1963 Oberlin Road  
 Harrisburg, PA 17111

ANGELA WALKO  
 636 South Catherine St.  
 Middletown, PA 17057

Direct Deposit

Employee Pay Stub		Check number: DD5784		Pay Period: 05/13/2018 - 05/26/2018		Pay Date: 06/04/2018				
Employee				SSN	Status (Fed/State)	Allowances/Extra				
ANGELA WALKO, 636 South Catherine St., Middletown, PA 17057				***-**-1320	Married/Withhold	Fed-1/0/PA-0/0				
Earnings and Hours		Qty	Rate	Current	YTD Amount	Direct Deposit		Amount		
Hourly		72.88	11.60	845.41	8,787.98	Checking - *****3038		474.48		
Hourly Sick					274.40					
Hourly Vacation					111.00					
Birthday Pay					88.80					
Merit					600.00					
		72.88		845.41	9,862.18					
Taxes				Current	YTD Amount	Paid Time Off		Earned	YTD Used	Available
Local - EIT				-14.79	-172.58	Sick		0.00	24.00	9.58
Local - LST				-2.00	-22.00	Vacation		0.00	10.00	70.00
Medicare Employee Addl Tax				0.00	0.00					
Federal Withholding				-24.00	-273.00					
Social Security Employee				-52.42	-611.46					
Medicare Employee				-12.26	-143.00					
PA - Withholding				-25.95	-302.78					
PA - Unemployment				-0.51	-5.92					
				-131.93	-1,530.74					
Adjustments to Net Pay				Current	YTD Amount	Memo				
Childcare				-190.00	-1,820.00	Direct Deposit				
Wage Garnishment				-49.00	-539.00					
				-239.00	-2,359.00					
Net Pay				474.48	5,972.44					

Discovery Kids Childcare Center  
1963 Oberlin Road  
Harrisburg, PA 17111

ANGELA WALKO  
636 South Catherine St.  
Middletown, PA 17057

## Direct Deposit

Employee Pay Stub		Check number: DD5841		Pay Period: 05/27/2018 - 06/09/2018		Pay Date: 06/18/2018	
Employee		SSN		Status (Fed/State)		Allowances/Extra	
ANGELA WALKO, 636 South Catherine St., Middletown, PA 17057		***-**-1320		Married/Withhold		Fed-1/0/PA-0/0	
Earnings and Hours		Qty	Rate	Current	YTD Amount	Direct Deposit	
Hourly		70.28	11.60	815.25	9,603.23	Checking - *****3038	
Hourly Sick					274.40		
Hourly Vacation					111.00	Paid Time Off	
Birthday Pay					88.80	Sick	
Merit					600.00	Vacation	
		70.28		815.25	10,677.43	Memo	
Taxes				Current	YTD Amount	Direct Deposit	
Local - EIT				-14.27	-186.85		
Local - LST				-2.00	-24.00		
Medicare Employee Addl Tax				0.00	0.00		
Federal Withholding				-21.00	-294.00		
Social Security Employee				-50.54	-662.00		
Medicare Employee				-11.82	-154.82		
PA - Withholding				-25.03	-327.81		
PA - Unemployment				-0.49	-6.41		
				-125.15	-1,655.89		
Adjustments to Net Pay				Current	YTD Amount		
Childcare				-155.00	-1,975.00		
Wage Garnishment				-49.00	-588.00		
				-204.00	-2,563.00		
Net Pay				486.10	6,458.54		

Discovery Kids Childcare Center  
1963 Oberlin Road  
Harrisburg, PA 17111

ANGELA WALKO  
636 South Catherine St.  
Middletown, PA 17057

Direct Deposit

Employee Pay Stub		Check number: DD5898		Pay Period: 06/10/2018 - 06/23/2018		Pay Date: 07/02/2018	
Employee		SSN		Status (Fed/State)		Allowances/Extra	
ANGELA WALKO, 636 South Catherine St., Middletown, PA 17057		***-**-1320		Married/Withhold		Fed-1/0/PA-Q/D	
Earnings and Hours		Qty	Rate	Current	YTD Amount	Direct Deposit	
Hourly		31.93	11.60	370.39	9,973.62	Checking - *****3038	
Hourly Vacation		30.00	11.60	348.00	459.00		
Hourly Sick					274.40	Paid Time Off	
Birthday Pay					88.80	Earned	
Merit					600.00	YTD Used	
						Available	
		61.93		718.39	11,395.82	Sick	
						Vacation	
						0.00	
						24.00	
						9.58	
						40.00	
						40.00	
Taxes				Current	YTD Amount	Memo	
Local - EIT				-12.57	-199.42	Direct Deposit	
Local - LST				-2.00	-25.00		
Medicare Employee Addl Tax				0.00	0.00		
Federal Withholding				-11.00	-305.00		
Social Security Employee				-44.54	-706.54		
Medicare Employee				-10.42	-165.24		
PA - Withholding				-22.05	-349.86		
PA - Unemployment				-0.43	-6.84		
				-103.01	-1,758.90		
Adjustments to Net Pay				Current	YTD Amount		
Uniform				-10.00	-10.00		
Wage Garnishment				-49.00	-637.00		
Childcare					-1,975.00		
				-59.00	-2,622.00		
Net Pay				556.38	7,014.92		

PA(W): W-UU

Total Hours for Hourly Period 04/22/18 - 04/28/18  
Worked = 12.08 Hours Overtime & Overtime = 0.00 Hours

Earns Category	Hr/Unit	Rate	This Start Year To Date
Regular	12.08	14.500	175.16 2604.64
STRAIGHT TIME	12.08	#	175.16 Sub-Total
GROSS WAGES	12		175.16 Sub-Total

TOTAL GROSS PAY	175.16	2604.64
Fed Tax Wages	175.16	2604.64

Leave Hrs YTD	Earned	Taken	Balance
PTO Balance	8.3	0.0	8.3

Check Summary	This Start Year To Date
TOTAL GROSS PAY	175.16 2604.64
TOTAL TAXES	33.35 487.53
TOTAL DEDUCTIONS	0.00 0.00
NET PAY	141.81 2117.11

Taxes	This Start Year To Date
Fed Withholding	10.40 143.15
Fed MED/EE	2.54 37.77
Fed OASDI/EE	10.86 161.49
PA Unempl EE	0.10 1.56
PA Withholding	5.38 79.97
PA PA LOCAL Withh	3.07 45.59
PA LOWER SWATARA	1.00 18.00
TOTAL TAXES	33.35 487.53

Deductions	This Start Year To Date
TOTAL DEDUCTIONS	0.00 0.00

Other Information

# Represents all hrs in this category

Non-pilot pay for hrs worked & piece rate

For legal inquiries, please contact:

FedEx Ground Pkg System Inc

1000 FedEx Drive

Moon Township, PA 15108

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TEAR HERE

PA(W) : N-00

Total Hours for Hourly Period 05/06/18 - 05/12/18  
Worked = 4.57 Hours Overtime & Dbltime = 0.00 Hours

Earns Category	Hr/Unit	Date	This Stat Year-To-Date
Regular	4.57	14.750	67.41 2672.05
STRAIGHT TIME	4.57		67.41 Sub-Total
GRSS WAGES \$			67.41 Sub-Total

TOTAL GROSS PAY	67.41	2672.05
Fed Tax Wages	67.41	2672.05

Leave Hrs YTD	Earned	Taken	Balance
PTO Balance	8.5	0.0	8.5

makes this check possible.

Check Summary	This Stat Year-To-Date
TOTAL GROSS PAY	67.41 2672.05
TOTAL TAXES	9.44 496.97
TOTAL DEDUCTIONS	0.00 0.00
NET PAY	57.97 2175.08

Taxes	This Stat Year-To-Date
Fed Withholding	143.15
Fed MED/EE	0.97 38.74
Fed OASDI/EE	4.18 165.67
PA Unempl EE	0.04 1.60
PA Withholding	2.07 82.04
PA PA LOCAL Withh	1.18 46.77
PA LOWER SWATARA	1.00 19.00
TOTAL TAXES	9.44 496.97
Deductions	This Stat Year-To-Date
TOTAL DEDUCTIONS	0.00 0.00

Other Information  
# Represents all hrs in this category  
\$Non-pilot pay for hrs worked & piece rate  
for legal inquiries, please contact:

FedEx Ground Pkg System Inc  
1000 FedEx Drive  
Moon Township, PA 15108

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PA(W) : N-00

Total Hours for Hourly Period 05/13/18 -- 05/19/18  
Worked = 14.50 Hours Overtime & Dbl time = 0.00 Hours

Earns Category	Hr/Unit	Rate	This Stmt Year-to-Date
Regular	14.50	14.750	213.87
STRAIGHT TIME	14.50		213.87
GROSS WAGES \$			213.87

TOTAL GROSS PAY	213.87	2885.92
Fed Tax Wages	213.87	2885.92

Leave Hrs YTD	9.2	0.0
PTO Balance	9.2	0.0

makes this check possible.

Check Summary	This Stmt Year-to-Date
TOTAL GROSS PAY	213.87
TOTAL TAXES	42.08
TOTAL DEDUCTIONS	0.00
NET PAY	171.79
	2346.87

Taxes	This Stmt Year-to-Date
Fed Withholding	14.27
Fed MED/EE	3.11
Fed OASDI/EE	13.26
PA Unempl EE	0.13
PA Withholding	6.57
PA PA LOCAL Withh	3.74
PA LOWER SHATARA	1.00
TOTAL TAXES	42.08
Deductions	This Stmt Year-to-Date
TOTAL DEDUCTIONS	0.00
Other Information	0.00

# Represents all hrs in this category  
Non-pilot pay for hrs worked & piece rate  
For legal inquiries, please contact:

FedEx Ground Pkg System Inc  
1000 FedEx Drive  
Moon Township, PA 15108

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TEAR HERE



P176 E0139504 274183-171714  
DCL 003069406



FedEx Ground Pkg System Inc  
Payroll Services  
30 FedEx Pkwy, 2nd Fl Horiz  
Collierville, TN 38017  
(855) 339-6992

Exemptions Addl Amt Addl %  
Fed: S-CO  
PA(W): N-CO

## Earnings Statement

Page 001 of 001  
Pay Period: 05/20/2018 - 05/26/2018  
Check Date: 06/01/2018  
Check Number: 0024835041  
Batch Number: DCL002014639  
Employee ID: 3069406

**BRENT T WALKO**

Delivering on the Purple Promise  
makes this check possible.

Total Hours for Hourly Period 05/20/18 - 05/26/18  
Worked = 8.18 Hours Overtime & Dbltime = 0.00 Hours

Earnings Category	Hrs/Unit	Rate	This Stmt	Year-To-Date
Regular	8.18	14.750	120.66	3006.58
STRAIGHT TIME	8.18		120.66	3006.58
GROSS WAGES			120.66	3006.58

TOTAL GROSS PAY			120.66	3006.58
Fed Tax Wages			120.66	3006.58

Leave Hrs	YTD	Earned	Taken	Balance
PTC Balance		9.7	0.0	9.7

Check Summary	This Stmt	Year-To-Date
TOTAL GROSS PAY	120.66	3006.58
TOTAL TAXES	21.06	560.11
TOTAL DEDUCTIONS	0.00	0.00
NET PAY	99.60	2446.47

Taxes	This Stmt	Year-To-Date
Fed Withholding	4.95	162.37
Fed MED/EE	1.75	43.60
Fed OASDI/EE	7.48	186.41
PA Unempl EE	0.07	1.80
PA Withholding	3.70	92.31
PA PA LOCAL Withh	2.11	52.62
PA LOWER SWARTARA	1.00	21.00
TOTAL TAXES	21.06	560.11

Deductions	This Stmt	Year-To-Date
TOTAL DEDUCTIONS	0.00	0.00

Other Information  
# Represents all hrs in this category  
\$\$Non-Pilot pay for hrs worked & piece rate  
For local union fees please contact:  
FedEx Ground Pkg System Inc  
1000 FedEx Drive  
Moccasin Township, PA 15108

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FedEx Ground Pkg System Inc  
Payroll Services  
30 FedEx Pkwy, 2nd Fl Horiz  
Collierville, TN 38017

64-1278/611 GA

Check Number: 0024835041  
Check Date: 06/01/2018  
3069406

This amount: NINETY NINE DOLLARS AND 60/100 \$\*\*99.60

Pay to the order of: BRENT T WALKO

Void after 60 days  
Checks over \$100,000.00  
Not valid unless countersigned

BANK OF AMERICA  
Bank of America, N.A.  
600 Peachtree Street  
Atlanta, GA 30303

00139504 275958-172849  
003069606

# Earnings Statement

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D  
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(i)

x Ground Pkg System Inc  
Services  
FedEx Pkwy, 2nd Fl Horiz  
Memphis, TN 38017  
339-6992

Page 001 of 001  
Pay Period: 05/27/2018 - 06/02/2018  
Check Date: 06/08/2018  
Check Number: 0024854621  
Batch Number: DCL002014649  
Employee ID: 3069406

**BRENT T WALKO**

Delivering on the Purple Promise  
makes this check possible.

Exemption  
Fed: :  
PA(W): :

Addl Amt Addl %

Total Hours for  
Worked = 10.1

Pay Period 05/27/18 - 06/02/18  
Hours Overtime & Dbltime = 0.00 Hours

Rate	This Stat	Year-To-Date
0.34 14.750	152.52	3159.10
0.34	152.52	Sub-Total
0.05 14.750	148.24	148.24
0.05	148.24	Sub-Total

Check Summary	This Stat	Year-To-Date
TOTAL GROSS PAY	300.76	3307.34
TOTAL TAXES	79.43	639.54
TOTAL DEDUCTIONS	0.00	0.00
NET PAY	221.33	2667.80

Pay Category
Regular
Non-Reg
Unempl PTO
Non-Work Hrs

TOTAL GROSS PAY
300.76
Tax Wages
300.76
Unempl PTO
0.00
PTO Balance
0.00

Taxes	This Stat	Year-To-Date
Fed Withholding	40.75	203.12
Fed MED/EE	4.56	47.95
Fed CASDI/EE	18.65	205.06
PA Unempl EE	0.18	1.98
PA Withholding	9.23	101.54
PA PA LOCAL Withh	5.26	57.88
PA LOWER SWATASA	1.00	22.00
TOTAL TAXES	79.43	639.54

Deductions	This Stat	Year-To-Date
TOTAL DEDUCTIONS	0.00	0.00

Other Information  
# Represents all hrs in this category  
\$\$Non-pilot pay for hrs worked & piece rate  
For legal inquiries, please contact:  
FedEx Ground Pkg System Inc  
1000 FedEx Drive  
Moon Township, PA 15108

Fed  
Pay  
30  
Col

Ground Pkg System Inc  
Services  
FedEx Pkwy, 2nd Fl Horiz  
Memphis, TN 38017

64-1278/611 GA

Check Number: 0024854621  
Check Date: 06/08/2018  
3069406

HUNDRED TWENTY ONE DOLLARS AND 33/100 \$\*\*221.33

This amount: \$221.33  
Pay to the order of: B

BANK OF AMERICA  
Bank of America, N.A.  
600 Peachtree St NE  
Atlanta, GA 30308

Void after 60 days  
Checks over \$100,000.00  
Not valid unless countersigned

F176 00139504  
DCL 003059406

274664-171E16



FedEx Ground Pkg System Inc  
Payroll Services  
30 FedEx Pkwy, 2nd Fl Horiz  
Collierville, TN 38017  
(855) 339-6992

Exemptions Addl Amt Addl %  
Fed: S-00  
PA(W): N-00

Total Hours for Hourly Period 06/03/18 - 06/09/18  
Worked = 4.18 Hours Overtime & Dbltime = 0.00 Hours

Earnings Category	hr/Unit	Rate	This Stat	Year-To-Date
Regular	4.18	14.750	61.66	3220.76
STRAIGHT TIME	4.18		\$1.66	Sub-Total
GROSS WAGES			\$1.66	Sub-Total
Unused PTO				148.24
NON-WORK ERS			0.00	Sub-Total

TOTAL GROSS PAY			51.66	3369.00
Fed Tax Wages			51.66	3369.00

Leave Hrs STD	Earned	Taken	Balance
PTO Balance	3.3	0.0	0.3

## Earnings Statement

Page 001 of 001  
Pay Period: 06/03/2018 - 06/09/2018  
Check Date: 06/15/2018  
Check Number: 0024886303  
Batch Number: DCL002014659  
Employee ID: 3069406

**BRENT T WALKO**

Delivering on the Purple Promise  
makes this check possible.

Check Summary	This Stat	Year-To-Date
TOTAL GROSS PAY	51.66	3369.00
TOTAL TAXES	8.72	648.26
TOTAL DEDUCTIONS	0.00	0.00
NET PAY	52.94	2720.74

Taxes	This Stat	Year-To-Date
Fed Withholding		203.12
Fed MED/EE	0.89	43.85
Fed OASDI/EE	3.82	208.38
PA Unempl EE	0.04	2.02
PA Withholding	1.89	103.43
PA PA LOCAL Withh	1.08	58.56
PA LOWER SWATARA	1.00	23.00
TOTAL TAXES	8.72	648.26

Deductions	This Stat	Year-To-Date
TOTAL DEDUCTIONS	0.00	0.00

### Other Information

\* Represents all hrs in this category  
\$Non-pilot pay for hrs worked & piece rate  
For legal inquiries, please contact:  
FedEx Ground Pkg System Inc  
1000 FedEx Drive  
Moon Township, PA 15108

D:\CLT\mail\hr\hrdata\paysummrystd.at



FedEx Ground Pkg System Inc  
Payroll Services  
30 FedEx Pkwy, 2nd Fl Horiz  
Collierville, TN 38017

64-1278/511 GA

Check Number: 0024886303  
Check Date: 06/15/2018  
3069406

This amount: FIFTY TWO DOLLARS AND 94/100

\$\*\*52.94

Pay to the order of: BRENT T WALKO

Void after 60 days  
Checks over \$100,000.00  
Not valid unless countersigned

BANK OF AMERICA  
Bank of America, N.A.  
600 Peachtree Street  
Atlanta, GA 30308

00139504  
03069406

275493-172566

# Earnings Statement

Ex Ground Pkg System Inc  
FedEx Services  
FedEx Pkwy, 2nd Fl Horiz  
Memphis, TN 38017  
(901) 339-6992

Page 001 of 001

Pay Period: 06/10/2018 - 06/16/2018  
Check Date: 06/22/2018  
Check Number: 0024935746  
Batch Number: DCLCJ2014668  
Employee ID: 3069406

BRENT T WALKO

Delivering on the Purple Promise  
makes this check possible.

Addl Amt Addl %

0  
0

Hourly Period 06/10/18 - 06/16/18  
Hours Overtime & Dbltime = 0.00 Hours

Unit	Rate	This Stmt	Year-To-Date
10.70	14.75C	157.83	3378.59
10.70		157.83	Sub-Total
		157.83	Sub-Total
		148.24	
		0.00	Sub-Total

	157.83	3378.59
	157.83	3378.59

Earnings	Taxes	Balance
0.9	0.0	0.9

Check Summary	This Stmt	Year-To-Date
TOTAL GROSS PAY	157.83	3526.83
TOTAL TAXES	29.45	577.71
TOTAL DEDUCTIONS	0.00	0.00
NET PAY	128.38	2849.12

Taxes	This Stmt	Year-To-Date
Fed Withholding	8.67	211.79
Fed MED/EE	2.29	51.14
Fed OASDI/EE	9.78	218.66
PA Unempl EE	0.10	2.12
PA Withholding	4.85	108.28
PA PA LOCAL Withh	2.76	61.72
PA LOWER SWATARA	1.00	24.00
TOTAL TAXES	29.45	577.71

Deductions	This Stmt	Year-To-Date
TOTAL DEDUCTIONS	0.00	0.00

Other Information  
\* Represents all hrs in this category  
\$Non-pilot pay for hrs worked & piece rate  
For more inquiries, please contact:

FedEx Ground Pkg System Inc  
1000 FedEx Drive  
Moon Township, PA 15108

Exemption  
Fed:  
PA(N):

Total Hours for  
Worked = 10.

Category
Regular
STANDARD RATE
GROSS WAGES
Unused PTO
NON-PAY HRS

TOTAL GROSS PAY
Fed Tax Wages
LEAVE ERS ETC
PTO Balance

Ground Pkg System Inc  
FedEx Services  
FedEx Pkwy, 2nd Fl Horiz  
Memphis, TN 38017

64-1278/611 GA

Check Number: 0024935746  
Check Date: 06/22/2018  
3069406

FedEx  
Fed Pay  
30  
Col

HUNDRED TWENTY EIGHT DOLLARS AND 38/100

\$\*\*128.38

BRENT T WALKO

Void after 60 days  
Checks over \$100,000.00  
Not valid unless countersigned

This amount: ON  
Pay to the order of: BF

BANK OF AMERICA  
Bank of America, N.A.  
600 Peachtree St NE  
Atlanta, GA 30308

PL76 00139534  
DCL 003069406

276797-173686



FedEx Ground Pkg System Inc  
Payroll Services  
30 FedEx Pkwy, 2nd Fl Horiz  
Collierville, TN 38017  
(855) 339-6992

Exemptions Addl Amt Addl %  
Fed: S-00  
PA(W): N-CO

## Earnings Statement

Page 001 of 001

Pay Period: 06/24/2018 - 06/30/2018  
Check Date: 07/06/2018  
Check Number: 0024988476  
Batch Number: DCL002014684  
Employee ID: 3069406

### BRENT T WALKO

Delivering on the Purple Promise  
makes this check possible.

Total Hours for Hourly Period 06/24/18 - 06/30/18  
Worked = 3.82 Hours Overtime & Dbltime = 0.00 Hours

Pay Category	Hrs/Unit	Rate	This Stmt	Year-To-Date
Regular	3.82	14.750	56.35	3434.94
STRAIGHT TIME	3.82		56.35	Sub-Total
GROSS WAGES			56.35	Sub-Total
Unused PTO				148.24
NON-UNID. HRS			0.00	Sub-Total

TOTAL GROSS PAY			56.35	3583.18
Fed Tax Wages			56.35	3583.18

LEAVE HRS LTD	Earning	Taken	Balance
PTO Balance	1.1	0.0	1.1

Check Summary	This Stmt	Year-To-Date
TOTAL GROSS PAY	56.35	3583.18
TOTAL TAXES	8.07	685.78
TOTAL DEDUCTIONS	0.00	0.00
NET PAY	48.28	2897.40

Taxes	This Stmt	Year-To-Date
Fed Withholding		211.79
Fed MED/EE	0.82	51.96
Fed OASDI/EE	3.50	222.16
PA Unempl EE	0.03	2.15
PA Withholding	1.73	110.01
PA PA LOCAL Withh	0.99	62.71
PA LOWER SWATARA	1.00	25.00
TOTAL TAXES	8.07	685.78

Deductions	This Stmt	Year-To-Date
TOTAL DEDUCTIONS	0.00	0.00
Other Deductions		

# Represents all hrs in this category  
\$\$Non-pilot pay for hrs worked & piece rate  
for large quantities, please contact

FedEx Ground Pkg System Inc  
1000 FedEx Drive  
Moon Township, PA 15108

© 2007 Peachtree People Processing INC.08



FedEx Ground Pkg System Inc  
Payroll Services  
30 FedEx Pkwy, 2nd Fl Horiz  
Collierville, TN 38017

64-1278/611 GA

Check Number: 0024988476  
Check Date: 07/06/2018  
3069406

This amount: FORTY EIGHT DOLLARS AND 28/100

\$\$\$48.28

Pay to the  
order of: BRENT T WALKO

Void after 60 days  
Checks over \$100,000.00  
Not valid unless countersigned

BANK OF AMERICA  
Bank of America, N.A.  
630 Peachtree St NE  
Atlanta GA 30309

Fill in this information to identify your case:

Debtor 1 Brent T. Walko

Debtor 2 Angela R. Walko  
(Spouse, if filing)

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number 1-18-02819-HWV  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

3

☐ No

☒ Yes

Daughter

4

☐ No

☒ Yes

Son

11

☐ No

☒ Yes

Son

15

☐ No

☒ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,222.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 20.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if known) **1-18-02819-HWV**

**6. Utilities:**

6a. Electricity, heat, natural gas	6a. \$	274.00
6b. Water, sewer, garbage collection	6b. \$	200.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	520.00
6d. Other. Specify: _____	6d. \$	0.00

**7. Food and housekeeping supplies**

7.	\$	800.00
----	----	--------

**8. Childcare and children's education costs**

8.	\$	0.00
----	----	------

**9. Clothing, laundry, and dry cleaning**

9.	\$	25.00
----	----	-------

**10. Personal care products and services**

10.	\$	20.00
-----	----	-------

**11. Medical and dental expenses**

11.	\$	5.00
-----	----	------

**12. Transportation.** Include gas, maintenance, bus or train fare.  
Do not include car payments.

12.	\$	410.00
-----	----	--------

**13. Entertainment, clubs, recreation, newspapers, magazines, and books**

13.	\$	0.00
-----	----	------

**14. Charitable contributions and religious donations**

14.	\$	0.00
-----	----	------

**15. Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$	0.00
---------------------	---------	------

15b. Health insurance	15b. \$	0.00
-----------------------	---------	------

15c. Vehicle insurance	15c. \$	234.00
------------------------	---------	--------

15d. Other insurance. Specify: _____	15d. \$	0.00
--------------------------------------	---------	------

**16. Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.  
Specify: \_\_\_\_\_

16.	\$	0.00
-----	----	------

**17. Installment or lease payments:**

17a. Car payments for Vehicle 1	17a. \$	300.00
---------------------------------	---------	--------

17b. Car payments for Vehicle 2	17b. \$	0.00
---------------------------------	---------	------

17c. Other. Specify: _____	17c. \$	0.00
----------------------------	---------	------

17d. Other. Specify: _____	17d. \$	0.00
----------------------------	---------	------

**18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**

18.	\$	0.00
-----	----	------

**19. Other payments you make to support others who do not live with you.**

19.	\$	0.00
-----	----	------

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. \$	0.00
----------------------------------	---------	------

20b. Real estate taxes	20b. \$	0.00
------------------------	---------	------

20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
---	---------	------

20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
---	---------	------

20e. Homeowner's association or condominium dues	20e. \$	0.00
--	---------	------

21. Other: Specify: <b>Cigarettes</b>	21. +\$	100.00
---------------------------------------	---------	--------

**22. Calculate your monthly expenses**

22a. Add lines 4 through 21.

\$	4,130.00
----	----------

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

\$	
----	--

22c. Add line 22a and 22b. The result is your monthly expenses.

\$	4,130.00
----	----------

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$	2,639.14
---------	----------

23b. Copy your monthly expenses from line 22c above.

23b. -\$	4,130.00
----------	----------

23c. Subtract your monthly expenses from your monthly income.  
The result is your monthly net income.

23c. \$	-1,490.86
---------	-----------

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here: **2009 Ford to be paid off.**

Fill in this information to identify your case:

Debtor 1 **Brent T. Walko**  
First Name Middle Name Last Name

Debtor 2 **Angela R. Walko**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**

Case number **1-18-02819-HWV**  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Brent T. Walko  
**Brent T. Walko**  
Signature of Debtor 1

Date July 3, 2018

X /s/ Angela R. Walko  
**Angela R. Walko**  
Signature of Debtor 2

Date July 3, 2018



Fill in this information to identify your case:

Debtor 1	<b>Brent T. Walko</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Angela R. Walko</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>MIDDLE DISTRICT OF PENNSYLVANIA</b>		
Case number	<b>1-18-02819-HWV</b>		
(if known)			

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married  
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1  
lived there

Debtor 2 Prior Address:

Dates Debtor 2  
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Sources of income Check all that apply.
	Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips	<input type="checkbox"/> Wages, commissions, bonuses, tips
	<input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Operating a business
	<b>\$38,438.45</b>	<b>\$0.00</b>

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<b>\$3,583.18</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<b>\$11,395.82</b>
	<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
<b>For last calendar year: (January 1 to December 31, 2017 )</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips	<b>\$71,393.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips	<b>\$0.00</b>
	<input checked="" type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<b>\$8,987.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<b>\$21,398.00</b>
	<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
<b>For the calendar year before that: (January 1 to December 31, 2016 )</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips	<b>\$58,123.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips	<b>\$0.00</b>
	<input checked="" type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<b>\$7,796.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<b>\$23,864.00</b>
	<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?  
 Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No  
☐ Yes. Fill in the details.

Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?  
☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- ☐ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if known) **1-18-02819-HWV**

- ☒ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.  
During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
-----------------------------	------------------	-------------------	----------------------	--------------------------

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  
*Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.*

☒ No

☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?  
Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?  
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No

☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Nationstar Mortgage LLC v. Brent T. Walko & Angela R. Walko 2017-CV-08266-MF	Civil-Foreclosure	Court of Common Pleas Dauphin County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**Sheriff's Sale Scheduled for  
July 12, 2018**

Elijah Einzig, a minor, by his natural mother and guardian, Valerie Packard v. Brent T. Walko 2017-CV-8680-CV	Civil - Car Accident	Court of Common Pleas Dauphin County, Pennsylvania	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
--	-------------------------	--	---

Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if known) **1-18-02819-HWV**

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

- ☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No  
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☐ No  
☒ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
Middletown Area Baseball Association		2018	\$1,500.00
Middletown Area Baseball Association		2017	\$2,200.00

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☐ No  
☒ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Vehicle Accident	Truck Total - have not received refund	02/2018	\$12,300.00

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No  
☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Purcell, Krug & Haller 1719 North Front Street Harrisburg, PA 17102	Retainer	06/01/2018	\$500.00
Purcell, Krug & Haller 1719 North Front Street Harrisburg, PA 17102	Court Fee	07/04/2018	\$310.00
Pioneer Credit Counseling	Credit Counseling	06/26/2018	\$20.00
John M. Hyams, Esq 555 Gettysburg Pike Suite C402 Mechanicsburg, PA 17055	Attorney Fees - Previous Bankruptcy (Paid through Ch 13 Trustee)	Various	\$1,029.70

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
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19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☐ No

☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☐ No

☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☐ No

☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☐ No

☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☐ No

☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if known) **1-18-02819-HWV**

**25. Have you notified any governmental unit of any release of hazardous material?**

- ☒ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No  
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☒ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed EIN: 20-8601502 From-To 2007 - Present
Lawn Like No Other 636 South Catherine Street Middletown, PA 17057	Lawn Care	

**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

- ☒ No  
☐ Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Brent T. Walko  
Brent T. Walko  
Signature of Debtor 1

/s/ Angela R. Walko  
Angela R. Walko  
Signature of Debtor 2

Date July 3, 2018

Date July 3, 2018

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number *(if known)* **1-18-02819-HWV**

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).



Fill in this information to identify your case:

Debtor 1 Brent T. Walko

Debtor 2 Angela R. Walko  
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Pennsylvania

Case number 1-18-02819-HWV  
(if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☒ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☒ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

## Official Form 122C-1

# Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

### Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☒ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 587.80	\$ 1,779.57
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
Gross receipts (before all deductions)	\$ 6,406.40	
Ordinary and necessary operating expenses	-\$ 6,132.62	
Net monthly income from a business, profession, or farm	\$ 273.78	
	Copy here -> \$ 273.78	\$ 0.00
6. Net income from rental and other real property		
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	
	Copy here -> \$ 0.00	\$ 0.00

Debtor 1 **Brent T. Walko**  
Debtor 2 **Angela R. Walko**

Case number (if known) **1-18-02819-HWV**

Column A  
Debtor 1

Column B  
Debtor 2 or  
non-filing spouse

7. Interest, dividends, and royalties

\$ 0.00

\$ 0.00

8. Unemployment compensation

\$ 0.00

\$ 0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ 0.00

For your spouse \$ 0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$ 0.00

\$ 0.00

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

Total amounts from separate pages, if any.

+ \$ 0.00

\$ 0.00

11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 861.58

+ \$ 1,779.57

= \$ 2,641.15

Total average  
monthly income

**Part 2: Determine How to Measure Your Deductions from Income**

12. Copy your total average monthly income from line 11.

\$ 2,641.15

13. Calculate the marital adjustment. Check one:

☐ You are not married. Fill in 0 below.

☒ You are married and your spouse is filing with you. Fill in 0 below.

☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

\$

\$

+\$

Total

\$ 0.00

Copy here=>

- 0.00

14. Your current monthly income. Subtract line 13 from line 12.

\$ 2,641.15

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here=>

\$ 2,641.15

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form.

\$ 31,693.80

**16. Calculate the median family income that applies to you. Follow these steps:**

- 16a. Fill in the state in which you live. PA
- 16b. Fill in the number of people in your household. 6
- 16c. Fill in the median family income for your state and size of household. \$ 110,445.00  
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**

- 17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2).*
- 17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).* On line 39 of that form, copy your current monthly income from line 14 above.

**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**

18. Copy your total average monthly income from line 11. \$ 2,641.15

19. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. -\$ 0.00

19b. Subtract line 19a from line 18.

\$ 2,641.15

**20. Calculate your current monthly income for the year. Follow these steps:**

20a. Copy line 19b \$ 2,641.15

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form

\$ 31,693.80

20c. Copy the median family income for your state and size of household from line 16c \$ 110,445.00

**21. How do the lines compare?**

- ☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years. Go to Part 4.*
- ☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years. Go to Part 4.*

**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X /s/ Brent T. Walko**

**Brent T. Walko**  
Signature of Debtor 1

Date July 3, 2018  
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

**X /s/ Angela R. Walko**

**Angela R. Walko**  
Signature of Debtor 2

Date July 3, 2018  
MM / DD / YYYY

**United States Bankruptcy Court**  
**Middle District of Pennsylvania**

In re **Brent T. Walko**  
**Angela R. Walko**

Debtor(s)

Case No. **1-18-02819-HWV**

Chapter **13**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ <u>Haley</u>
Prior to the filing of this statement I have received .....	\$ <u>500.00</u>
Balance Due .....	\$ <u>TBD</u>

2. The source of the compensation paid to me was:

☒ Debtor      ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor      ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. [Other provisions as needed]

**See Exhibit "A"**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**See Exhibit "A"**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**July 3, 2018**

*Date*

**/s/ Lisa A. Rynard**

**Lisa A. Rynard**

*Signature of Attorney*

**Purcell, Krug & Haller**

**1719 North Front Street**

**Harrisburg, PA 17102**

**(717) 234-4178 Fax: (717) 236-6120**

**lrnard@pkh.com**

*Name of law firm*

## **EXHIBIT "A"**

Debtor's counsel will keep a record of all time invested in this case by counsel and paralegals. The hourly rate for Debtor's counsel is \$275.00 per hour. The hourly rate for paralegal time is \$110.00 per hour. These hourly rates are subject to revision at the end of each calendar year. Any fees sought are subject to Court approval.